

## Improving Maternal and Child Outcomes: Focus on Maternal Depression




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### Depression is common.

The Centers for Disease Control (CDC) estimates as many as 10-20% of all new moms in the US may suffer from Post Partum Depression. Between 28-61% of home-visited mothers have clinically elevated depression during the home visitation service delivery.

Ammerman et al, 2010

Postpartum Depression often goes undetected.

Untreated depression can lead to poor outcomes in young children.




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Children with depressed mothers are more likely to have:

- behavior problems
- academic concerns
- poor health

Parental depression can interfere with the parent-child relationship, creating uncertainty, anxiety and toxic stress for the child. It can also impair the parent's ability to prevent injury,




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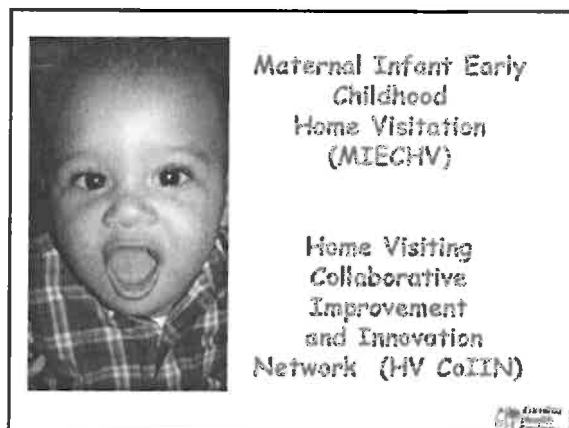
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**Maternal Depression**

**SMART AIM:**

**85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks (from first service contact).**

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### PROCESS AIMS

- 85% of women will be screened, using appropriate instruments at appropriate intervals, within 3 months of enrollment (pre- or postnatal) and within 3 months postnatal.
- 75% of all enrolled women who screen positive (and are not already in evidence-based services) will be referred to evidence-based services within one month following completion of the screen.
- 85% percent of women referred to an evidence-based service will have one service contact within 60 days.

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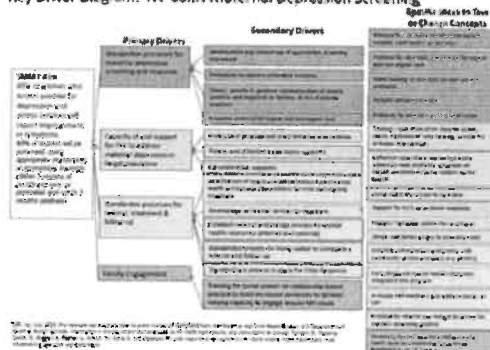
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Key Driver Diagram: HV Collin Maternal Depression Screening




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### External Resources for PPD at Carolina Health Centers, Inc.

- At CHC, pediatricians and NFP, HFA and Healthy Steps early childhood home visitors screen for PPD using the EPDS screen and/or PHQ-9.
- Three critical components for recovery for mothers who exhibit signs and symptoms of PPD are medical intervention, therapeutic intervention, social support, and/or a combination of the above.

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- Referrals are made to the mothers' primary care provider and/or OB/GYN office for follow up on a positive EPDS score and/or if mother expresses concerns about feelings she is having.

- Providers also use clinical judgment when making referrals.

- Referrals are made to local community resources that provide evidence based therapeutic services.

- DHEC Post Partum Handouts and CareLine flyers are provided.

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- Postpartum Support International (PSI) has resources to help families, providers, and communities learn about the emotional and mental health of childbearing families. PSI Warmline offers support, information, and resources, in English or Spanish.

- The PSI warmline number is 1-800-944-4PPD.

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#### Internal Resources for PPD at Carolina Health Centers, Inc.

- TCC is piloting a Cognitive Behavioral Therapy (CBT) Group that meets twice/month for home visited families. Child care & transportation incentives are provided.
- A HS Specialist with Postpartum Support International Certificate Training in Perinatal Mood and Anxiety Disorders and a counselor from Beckman Mental Health are co-leaders.

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### What is CBT?

- Cognitive behavioral therapy (CBT) is considered a "present focused," therapeutic intervention. It targets the daily thoughts ("automatic thoughts") many new mothers may be experiencing that often precede, accompany, and follow feelings of depression and/or anxiety.
- It is a collaborative approach between the person delivering the techniques and the new mother.
- There can be a role for home visitors.

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- "Put out the fire, before you rewire the house." Many techniques from CBT can be used in crisis situations that moms may be experiencing, as well as for planning for the future.
- Key components of this intervention are relaxation training such as guided imagery, diaphragmatic breathing, and progressive muscle relaxation.
- CBT is education based and like any new skill, takes practice.

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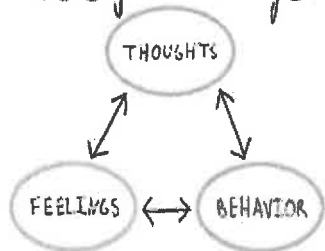
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### The Cognitive Triangle




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### Common Cognitive Distortions

1. **All-or-nothing thinking:** You force experiences into one of two extreme, black-or-white categories, such as good or bad, or perfect or completely wrong.
2. **Overgeneralization:** You make broad, global inferences based on just a few events. If the words "always" and "never" appear in your vocabulary, you may be overgeneralizing.
3. **Mental Filtering:** You focus on one or a few negative aspects of a situation and allow them to spoil the whole thing.
4. **Discounting the positives:** You insist that the good things you or others do "don't count."
5. **Overestimating the threat:** You take a situation that involves slight or no risk and make it seem threatening and dangerous.
6. **Catastrophic thinking:** You view a minor setback as horrible, awful, or terrible.
7. **Fortune Telling:** You make iron-clad predictions about dire things happening in the future.
8. **Should statements:** You apply rigid, absolute rules to yourself and others about how things "should" and "shouldn't" be.
9. **"What if" thinking:** You ask "What if?" about bad things happening in the future.
10. **Discounting your coping skills:** You tell yourself that you can't cope with problems or difficulties.

Wiegman, Pamela, and Kevin O'Garra. *The Pregnancy & Postpartum Anxiety Workbook*. Oakland, California: New Harbinger Publications, 2009. 53. Print.




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### Group Strategies for CBT

- Icebreaker Activity (i.e. two truths and a lie, magic wand, name acronym, and/or would you rather). This is important to help new mothers joining the group feel relaxed and it may also increase their feelings of having a social support network outside of group.
- The first part of our session is skills based. So we may focus on time management, cognitive distortions, helpful thought vs. harmful thought, or a relaxation technique. There is always a handout or activity related to the skill being taught that group participants can use after home to reinforce learning.
- The last part of our session is process-oriented. The moms in the group talk amongst each other about specific stressors or situations they may be having trouble with or if they just want general advice from other mothers. Group leaders are present to help mediate and facilitate during this as well.

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### Home Visit Strategies

- Home visitors may already have scheduled curriculum to deliver in a time constricted period, therefore, individual counseling services are not presented.
- Home visitors use motivational interviewing as well as CBT skills to assist families needing behavioral health to access these resources and to reinforce the basics of self care.
- It is helpful for home visitors to understand and help the mother identify negative thoughts ("cognitive distortions," which is simply put by one mother "my messed up ways of thinking"). Those can be broken down into a specific type (common cognitive distortions slide) or just simply helpful thought vs. harmful thought.
- What can the home visitor do to support the mother in the moment? Is this a crisis situation in need of an immediate referral or does mom just need an extra supportive person to help her identify ways to cope with daily stressors at this time?
- Help practice skills. For example, do a breathing exercise together.

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## Helpful Activities

- Time management record to assist mothers in planning their day and building in time for themselves.
- Journal page with columns for "The Situation," "What I Felt," "What I Thought," "What I Did." This can help mothers see the difference in helpful vs. harmful thoughts that they may have experienced in the moment. It also gives the home visitor and/or the group members to help identify ways to handle the situation differently and come up with a new way of thinking if the experience was negative.
- Use a guided imagery script

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## Questions ????

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